

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		06-29-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AK	535	07-24-01
RESPONSE FORMALITY REVIEW	mp	1030	11-16-01

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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 07/25  
 867  
 11-17-1